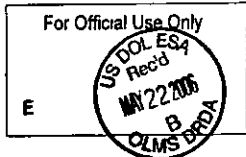


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>25736</u>	2 Fiscal Year Covered From <u>01 / 01 / 2005</u> Through <u>12 / 31 / 2005</u>
3 Name and address of person filing Name <u>LEONARD RICHMAN</u>  P O Box Bldg Room No if any  Street <u>1801 BIG RIDGE EST</u> City <u>EAST STRONDSBURG</u> State <u>PA.</u> ZIP Code + 4	4 Name file number and address of labor organization Name <u>UPCW LOCAL 2-3</u> Labor Organization File Number <u>02A-150</u>  P O Box Building and Room Number if any  Street <u>8402 18 TH AVENUE</u> City <u>BROOKLYN</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11214</u>
5 Position in labor organization	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	7 a Nature of Interest Transaction or Income          7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>[Signature]</u>	On <u>5/15/06</u> <u>570-223-1885</u> Date Telephone Number

Name of Person Filing <b>LEONARD RICHTMAN</b>	File Number <b>U</b>
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b>  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	<b>9 Business deals with</b>  a Labor Organization  b Trust  c Employer
<b>10 If 9 b or 9 c is checked give trust or employer s name</b>  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	<b>11 a Nature of such dealing</b>          <b>11 b Approximate dollar value of such dealing</b>  <b>12 a Nature of interest held or income received</b>          <b>12 b Amount</b>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b>  Name <b>UFCW Local 2-D</b>  Trade Name if any  P O Box Bldg Room No if any  Street <b>8402 18TH AVENUE</b>  City <b>BROOKLYN</b>  State <b>NEW YORK</b> ZIP Code + 4 <b>11214</b>	<b>14 a Nature of payment</b>  ALLOWANCES \$1,200 CHRISTMAS PARTY LOCAL 2-D \$66 INSURANCE TRUST 6 L2 PENSION 9 L2 SEVERANCE 3
<b>13 b Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14 b Amount of payment</b> <b>\$1,284</b>

### **When must I complete Part C of Form LM-30?**

Part C consists of Items 13 and 14. You must complete Part C if you received any payment of money or other thing of value from any employer not covered under Part A or B or from any labor relations consultant to an employer. You are not required to report any payments of the kind referred to in section 302(c) of the Labor Management Relations Act (a list of these types of payments is available on the [OLMS Web site](#)). You are also not required to report bona fide loans, interest, or dividends from banks, credit unions, savings and loan associations, insurance companies, or other bona fide credit institutions. Regardless of these exemptions, you must report any payments (1) not to organize employees, (2) to influence employees in any way with respect to their right to organize, (3) to take any action with respect to the status of employees or others as members of a labor organization, and (4) to take any action with respect to bargaining or dealing with employers whose employees your organization represents or actively seeks to represent.

### **What are some examples of situations that I must report in Part C?**

- You are a union officer and are running for a local public office. Employers in the industry organized by your union make campaign contributions. This is reportable under Part C. (If a contribution were made by an employer whose employees your union represents or actively seeks to represent, you must complete Part A.)
- You are a union employee involved in obtaining accounting services for your union. An accountant that your union does not do business with gives you a holiday gift of golf clubs. This is reportable in Part C.
- You are a local union president. An employer outside the jurisdiction of your local offers your 20-year old daughter a paid summer internship on the understanding that you will seek to have your members go on strike against an employer who is one of their competitors. Your daughter's income and benefits from the internship are reportable.
- You are an officer of a national union. Your wife is hired as a senior executive of an employer on the understanding that your union will not seek to organize that employer. Your wife's interest in the employer and any payments or benefits she received from it are reportable.

### **Who must sign Form LM 30?**

Form LM-30 must be signed by the union officer or the employee required to file it.

### **When is the filing deadline?**

Labor organization officers and employees must file Form LM 30 within 90 days after the end of their fiscal year.

### **Where do I file Form LM-30?**

The completed Form LM 30 must be mailed to: U.S. Department of Labor  
ESA/OLMS, Room N-5616  
200 Constitution Avenue, NW  
Washington, DC 20210-0001